

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**DIVISION OF STATE POLICE**

1111 Country Club Road Middletown, CT 06457-9294

Security Officer Training Instructor Application**Check Type of Certification desired:****Public:**☐ Criminal Justice☐ Security Officers Firearms (Blue Card)☐ First Aid**In House ONLY:**☐ Criminal Justice☐ Security Officers Firearms (Blue Card)☐ First Aid**Personal information:**

Name of Applicant:

Date of Birth:

Place of Birth:

Have you ever used any other name(s)? ☐ Yes ☐ No

If yes, state all other names used:

Address:

**Any person approved as an Instructor shall notify the Department of Emergency Services and Public Protection of any changes of address not later than 2 business days after the change of address.*

Home Telephone Number:

Work/Business Telephone Number:

Email Address

Driver's License No./Issuing State:

Are you currently vested with police powers? ☐ Yes ☐ No

Race

Sex

Height

Weight

Eye Color

Hair Color

Statement of Citizenship: (attach proof of citizenship)

Are you a citizen of the United States?

Yes ☐No ☐

If naturalized, detail when and where:

Employment history — Begin with present or most current and work backwards, include dates of employment, duties/responsibilities, reason for leaving employment. *(Use additional paper if needed or attach resume)***Are you currently vested with police powers?** Yes ☐ No ☐

If yes, please list Agency or Authority:

Education: (Indicate highest degree received. Attach copy of H.S. Diploma/GED cert or College Transcript)		
List convictions below: <i>Use additional paper if necessary</i>		
Degree/Diploma <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters/Doctorate Degree <input type="checkbox"/> Other	Year Degree Awarded:	Name of College/University- (addresses of all schools)
List any schools or courses, which you believe qualifies you for the type of certification applied for: Include copies of training certificates or other credentials. <i>Use additional paper if necessary.</i>		
Conviction Information: Have you ever been convicted of a violation of law, including any motor vehicle criminal offense? Yes <input type="checkbox"/> <i>Use additional paper if necessary.</i> No <input type="checkbox"/>		
<p>With regard to criminal history information arising from the State of Connecticut's jurisdiction: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of the other jurisdiction to swear under oath that you have never been arrested.</p>		
Date/Place	Jurisdiction/Court	Charge
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" DD-214 or NGB-22 must be attached)</i>		
Military branch or component	Highest Rank Attained	Type of Discharge
Duties Assignments		

Business Information:		
Company Name that Lesson Plan is Submitted Under:	Address:	
Telephone Number:	Class Locations:	
First Aid Certification: (This section to be completed only by those who will conduct the First Aid Training)		
First Aid Certification Number: Date First Aid Certification Expires: *Attach a copy of your First Aid Certification		
Are you currently certified as a Criminal Justice (Guard Card) or Security Officers Firearms (Blue Card) Instructor in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State	Cert. Number	Date Certification Expires
Please include disciplinary sanctions if any, i.e. denials or revocations?		
You must submit the following items with this application. <i>(Use check boxes to indicate items are attached. Incomplete packages will be returned)</i>		
<input type="checkbox"/> Forty (\$40.00) Dollar Certification Fee <input type="checkbox"/> Two photographs (2" x 2" passport style)		
<input type="checkbox"/> DD-214 or NGB-22 military discharge documentation which includes type of discharge and reenlistment codes		
<input type="checkbox"/> Two fingerprint cards - 1 green (state card) with \$50.00 payable to Treasurer, State of Connecticut, and 1 blue (FBI card) with \$14.75 payable to the Treasurer, State of Connecticut. Submit prints with bank or postal money order only. NO CASH.		
<input type="checkbox"/> Course material for the security officer's firearms training and/or criminal justice training		
<input type="checkbox"/> Copy of Firearms Permit		
<input type="checkbox"/> Copy of Drivers License		
<input type="checkbox"/> Copy of Resume		

I subscribe and affirm under penalties of false statement, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct. I also understand that false statements are punishable in Connecticut pursuant to C.G.S. Section 53a-157b (Class A Misdemeanor).

Signature of Applicant

Date of Oath

STATE OF: _____

SS

COUNTY OF: _____

PERSONALLY APPEARED:

ADDRESS: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires:

Notary Public, Justice of Peace or Commissioner of Superior Court
or pursuant to C.G.S. 1-24